PKP 2019 Conference Barcelona
Sprint: November 18-19
Conference: November 20-22
UNIVERSITAT AUTÒNOMA DE BARCELONA

ACCOMMODATION BOOKING FORM – HOTEL CAMPUS

Please read these reservation conditions carefully before sending your reservation request

CONTACT DETAILS

SURNAME	NAME
UNIVERSITY	
MAILING ADDRESS	
EMAIL	PHONE

THE FOLLOWING ACCOMMODATION BOOKING IS REQUIRED

I wish to reserve _____room/s in the HOTEL CAMPUS

(Please indicate number of rooms)

Room type	Single use	Double use
Hotel Campus night s: 17/11/2019&22/11/2019	○ 69,00€	○ 78,00€
Hotel Campus nights: 18-19-20-21/11/2019	○ 93,40€	○ 104,30€

Price per room per night.

Breakfast included.

TOURIST TAX & 10%TAX not included (1.00€/night/person)

Date of arrival: ____/_____/2019 (day/month) Date of departure: ____/_____/2019 (day/month) Number of nights:____

I have arranged to share with, or will be accompanied by (name): _____

SPECIAL REQUESTS:

Please send this form DIRECTLY to the Hotel Campus by Email or Fax to:

EVA LLORENTE – BOOKING DEPARTMENT : jrecepcion@hotelexecampus.com

The pre-booking period is open until 16 September 2019

The reservations will be confirmed on a first-come first-served basis, subjected to availability

Guests are required to pay their bill to the hotel directly on departure. Only reservations that provide full Credit Card details on this form will be confirmed by the Hotel.

I HEREBY VALIDATE MY RESERVATION WITH Mastercard CARD (indicate type of credit card) Credit Card Number: | | | | | | | | | | | | | | | | |

Expiry date: | | | Name of Cardholder: _____

I AUTHORISE MY CREDIT CARD TO BE DEBITED WITH AN AMOUNT EQUAL TO ONE NIGHT'S ACCOMMODATION IF CANCELLATION OF MY RESERVATION IS MADE 48 HOURS BEFORE DATE OF CHECK IN, OR IN CASE OF NO-SHOW.

Date: _____/_____/_____